

Please type a plus sign (+) inside this box → ☐PTO/SB/01 (8-96)  
Approved for use through 8/30/98. OMB 0851-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**☐ Declaration OR  
Submitted  
with Initial Filing ☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number

BAUER: 1

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RAF KINASE INHIBITORS

(Title of the invention)

the specification of which

☐ is attached hereto  
OR☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (8-96)

Approved for use through 8/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
I. William Millen	19,544	Richard J. Traverso	30,595
John L. White	17,746	Diana Hamlet-King	33,302
Anthony J. Zelano	27,969	Richard E. Kurtz	33,936
Alan E. J. Branigan	20,565	Richard M. Lebovitz	37,067
Harry B. Shubin	32,004	John A. Sopp	33,103
John R. Moses	24,983		
Brion P. Heaney	32,542		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Harry B. Shubin		
Address	MILLEN, WHITE, ZELANO & BRANIGAN, P.C.		
Address	2200 Clarendon Boulevard, Suite 1400		
City	Arlington	State	Virginia
Country	US	Telephone	703-812-5
		Fax	703-243-6410

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Jill	Middle Initial	E	Family Name	WOOD	Suffix e.g. Jr.	
------------	------	----------------	---	-------------	------	-----------------	--

Inventor's Signature	<i>Jill E. Wood</i>	Date	4/10/97
----------------------	---------------------	------	---------

Residence: City	Hamden	State	CT	Country	USA	Citizenship	US
-----------------	--------	-------	----	---------	-----	-------------	----

Post Office Address	72 Pickwick Rd
---------------------	----------------

Post Office Address	
---------------------	--

City	Hamden	State	CT	Zip	06517	Country	USA
------	--------	-------	----	-----	-------	---------	-----

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box → ☐PTO/SB/01 (8-96)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Hanno	Middle Initial		Family Name	WILD	Suffix	e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Daniel	Middle Initial		Family Name	ROGERS	Suffix	e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	John	Middle Initial		Family Name	LYONS	Suffix	e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Michael	Middle Initial		Family Name	KATZ	Suffix	e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

[Page 3 of 5]

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-95)  
 Approved for use through 9/30/98. OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, If any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Yolanda				Middle Initial		Family Name	CARINGAL				Suffix	e.g. Jr.						
Inventor's Signature	<i>Yolanda v. Caringal</i>								Date	4/10/97									
Residence: City	14 STONE RIDGE LANE BRANFORD				State	CT	Country	USA				Citizenship	FILIPINO						
Post Office Address																			
Post Office Address																			
City	BRANFORD				State	CT	Zip	06405				Country							
Name of Additional Joint Inventor, If any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Robert				Middle Initial		Family Name	DALLY				Suffix	e.g. Jr.						
Inventor's Signature									Date										
Residence: City					State		Country					Citizenship							
Post Office Address																			
Post Office Address																			
City					State		Zip					Country							
Name of Additional Joint Inventor, If any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Wendy				Middle Initial		Family Name	LEE				Suffix	e.g. Jr.						
Inventor's Signature									Date										
Residence: City					State		Country					Citizenship							
Post Office Address																			
Post Office Address																			
City					State		Zip					Country							
Name of Additional Joint Inventor, If any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Roger				Middle Initial		Family Name	SMITH				Suffix	e.g. Jr.						
Inventor's Signature									Date										
Residence: City					State		Country					Citizenship							
Post Office Address																			
Post Office Address																			
City					State		Zip					Country							

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

(Page 3 of 5)

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Cheri	Middle Initial		Family Name	BLUM	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

(Page 3 of 5)

PTO/SB/01 (3-86)  
Approved for use through 8/30/88. OMB 0851-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Collection of Information unless it contains a valid OMB control number.

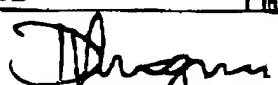
**PRIORITY DATA**  
**(Supplemental Sheet)**

Please type a plus sign (+) inside this box → ☐

PTO/SO/91 (8-90)

Approved for use through 8/31/98. CNAB 0851-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Hanno		Middle Initial		Family Name	WILD	Suffix e.g. Jr.
Inventor's Signature						Date	
Residence: City			State		Country	Citizenship	
Post Office Address							
Post Office Address							
City			State		Zip	Country	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Daniel		Middle Initial	H	Family Name	ROGERS	Suffix e.g. Jr.
Inventor's Signature						Date	5/22/97
Residence: City	SAN DIEGO		State	CA	Country	USA	Citizenship AUSTRALIAN
Post Office Address		1333 CAMINITO SEPTIMO					
Post Office Address							
City	SAN DIEGO		State	CA	Zip	92007	Country USA
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	John		Middle Initial		Family Name	LYONS	Suffix e.g. Jr.
Inventor's Signature						Date	
Residence: City			State		Country	Citizenship	
Post Office Address							
Post Office Address							
City			State		Zip	Country	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Michael		Middle Initial		Family Name	KATZ	Suffix e.g. Jr.
Inventor's Signature						Date	
Residence: City			State		Country	Citizenship	
Post Office Address							
Post Office Address							
City			State		Zip	Country	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

0035050 04000

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)  
Approved for use through 8/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Hanno	Middle Initial		Family Name	WILD	Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Daniel	Middle Initial		Family Name	ROGERS	Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	John	Middle Initial		Family Name	LYONS	Suffix	
Inventor's Signature						Date	5/5/97
Residence: City	MORAGA	State	CA	Country	USA	Citizenship	IRL
Post Office Address		2038 ASCOT DRIVE #B					
Post Office Address							
City	MORAGA	State	CA	Zip	94556	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Michael	Middle Initial		Family Name	KATZ	Suffix	
Inventor's Signature						Date	5/5/97
Residence: City	Wallingford	State	CT	Country	USA	Citizenship	US
Post Office Address		12 Hucklebade Lane					
Post Office Address							
City	Wallingford	State	CT	Zip	06492	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							



Please type a plus sign (+) inside this box → +

PTO/SB/01 (8-95)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Cheri	Middle Initial		Family Name	BLUM	Suffix e.g. Jr.	
Inventor's Signature		<i>Cheri L. Blum</i>			Date		5/16/97
Residence: City		3005 Alameda		State	CA	Country	United States
				State		Citizenship	US
Post Office Address		3005 Madison Street					
Post Office Address							
City	Alameda	State	CA	Zip	94501	Country	United States
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City				State		Country	
				State		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City				State		Country	
				State		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City				State		Country	
				State		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City				State		Country	
				State		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Hanno	Middle Initial		Family Name	WILD	Suffix e.g. Jr.	
Inventor's Signature	Hanno Wild				Date	5-5-97	
Residence: City	Wuppertal	State		Country	Germany	Citizenship	GERMAN
Post Office Address							
Post Office Address							
AUSBLICK 128							
City	WUPPERTAL	State		Zip	42133	Country	GERMANY
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Daniel	Middle Initial		Family Name	ROGERS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	John	Middle Initial		Family Name	LYONS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Michael	Middle Initial		Family Name	KATZ	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box

+

PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Yolanda				Middle Initial				Family Name		CARINGAL				Suffix e.g. Jr.			
Inventor's Signature												Date							
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Country			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Robert				Middle Initial				Family Name		DALLY				Suffix e.g. Jr.			
Inventor's Signature		<i>Robert Dally</i>										Date		May 6, 1997					
Residence: City		East Haven				State		CT		Country		USA				Citizenship			
Post Office Address		86 Allikat Way																	
Post Office Address																			
City		East Haven				State		CT		Zip		06512				Country		USA	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Wendy				Middle Initial				Family Name		LEE				Suffix e.g. Jr.			
Inventor's Signature		<i>Wendy Lee</i>										Date		May 6, 1997					
Residence: City		HAMDEN				State		CT		Country		USA				Citizenship		USA	
Post Office Address		282 EVERGREEN AVENUE																	
Post Office Address																			
City		HAMDEN				State		CT		Zip		06518				Country		USA	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Roger				Middle Initial		A.		Family Name		SMITH				Suffix e.g. Jr.			
Inventor's Signature		<i>Roger A Smith</i>										Date		May 6, 1997					
Residence: City		MADISON				State		CT		Country		USA				Citizenship		CANADA	
Post Office Address		65 WINTERHILL RD.																	
Post Office Address																			
City		MADISON				State		CT		Zip		06443				Country		USA	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			

